PAGE 1 / 15

Image# 201601299004906512

**FEC** FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

	or Other Than An A	Authorized C	ommittee		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Exampl over the	e: If typing, type e lines.	12FE4M5	
Stark360					
ADDRESS (number and street)	203 S UNION ST STE	300			
Check if different					
than previously reported. (ACC)	ALEXANDRIA			L VA	22314
2. FEC IDENTIFICATION NU	MBER ▼	CITY 🛦		STATE ▲	ZIP CODE ▲
C C00566505	3	B. IS THIS REPORT	× NEW (N) O		MENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M		20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (N	(a) Sep	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	Jul 20 (M	7) Oct	20 (M10) Jan 31 (YE)
Quarterly Report (Q July 15	(c) 12-Day		mary (12P)	General	(12G) Runoff (12R)
Quarterly Report (Quarterly Report (Quarterly Report 15	2) Report for th		nvention (12C)	Special (	12S)
Quarterly Report (Q	3)		M M / D D	/ Y . Y . Y . Y	in the
X January 31 Year-End Report (YI	Ξ) <u>ΕΙ</u>	ection on			State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day  POST-Election  Report for the		neral (30G)	Runoff (3	Special (30S)
Termination Report (TER)		ection on	M = M / D = D	/ Y = Y = Y = Y	in the State of
5. Covering Period 07		YY	through 12	M / D D /	2015
I certify that I have examined thi	s Report and to the bes	st of my knowled	ge and belief it is	true, correct and	d complete.
Type or Print Name of Treasurer	Dan Backer	-			· 
Signature of Treasurer Dan E	Packer	[Ele	ectronically Filed]	Date 01	29 / 2016
NOTE: Submission of false, errone	ous, or incomplete inform	nation may subjec	at the person signir	g this Report to the	ne penalties of 2 U.S.C. §437g.
Office Use					FEC FORM 3X
Only					Rev. 12/2004

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Stark360 07 2015 2015 Report Covering the Period: 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2210.06 January 1, 2015 (b) Cash on Hand at 584.49 Beginning of Reporting Period..... 13244.01 12863.04 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 13447.53 15454.07 6(a) and 6(c) for Column B)..... 11860.36 13866.90 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 1587.17 1587.17 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 50000.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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Sta		-0	$\sim$	١
<b>\T</b> 2	r	~	nı	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:	1000110011001	
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	0.00	250.00
(*) 11 10 01 01	0.00	0.00
(ii) Unitemized(iii) TOTAL (add	0.00	0.00
Lines 11(a)(i) and (ii)	0.00	250.00
2.1100 11(a)(i) and (ii)	7	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	0.00	250.00
Totals to Line 33, page 5)	0.00	230.00
Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
7 / III Edulid Floodivod	7	
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures	7	7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made	7	
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	12863.04	12994.01
. Transfers from Non-Federal and Levin Funds	, , , , , , , , , , , , , , , , , , , ,	
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	12863.04	13244.01
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	12863.04	13244.01

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
. Operating Expenditures: (a) Allocated Federal/Non-Federal	Total Tillo I Cilou	Calelidal Teal-IO-Date	
Activity (from Schedule H4)			
(i) Federal Share	0.00	0.00	
(") No Follow Observ	0.00	0.00	
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00	
Expenditures	0.00	6.53	
(c) Total Operating Expenditures			
(add 21(a)(i), (a)(ii), and (b)) ▶	0.00	6.53	
Transfers to Affiliated/Other Party	0.00	0.00	
CommitteesContributions to	0.00	0.00	
Federal Candidates/Committees and Other Political Committees	0.00	0.00	
Independent Expenditures			
(use Schedule E)	0.00	0.00	
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00		
(use Schedule F)	0.00	0.00	
Lean Panaymente Made	0.00	0.00	
Loan Repayments Made			
Loans Made	0.00	0.00	
Refunds of Contributions To: (a) Individuals/Persons Other			
Than Political Committees	0.00	0.00	
(h) Political Party Committees	0.00	0.00	
(b) Political Party Committees(c) Other Political Committees	0.00	5.55	
(such as PACs)	0.00	0.00	
(1) 7.10 5 ( )			
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00	
(add Lines 20(a), (b), and (c))			
Other Disbursements	11860.36	13860.37	
Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity			
(from Schedule H6) (i) Federal Share	0.00	0.00	
(i) I ederal onale	7		
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely			
With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add	0.00	0.00	
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00	
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	11860.36	13866.90	
	7		
Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii)	11960 26	13866.90	
from Line 31)	11860.36	1300.90	

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	250.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	250.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	6.53
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	6.53

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 15 (check only one)  11a 11b 11c 12 13 14 15 16 🗙 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Stark360		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Cornerstone Action PAC  Mailing Address P.O. Box 10188  City Bedford  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code NH 03110  C C90011610  Occupation  Aggregate Year-to-Date ▼	Date of Receipt  09 02 2015  Transaction ID: SA17.4341  Amount of Each Receipt this Period  500.00  Carey contribution from state PAC
Full Name (Last, First, Middle Initial)  Aaron Day  Mailing Address 53 Riddle Dr.  City  Bedford  FEC ID number of contributing federal political committee.  Name of Employer  ARD Ventures  Receipt For:  Primary General Other (specify)	State Zip Code NH 03110  C  Occupation Founder  Aggregate Year-to-Date ▼  6000.00	Date of Receipt  11 18 2015  Transaction ID : SA17.4349  Amount of Each Receipt this Period  6000.00  Carey account contribution
Full Name (Last, First, Middle Initial)  Matthew Phillips  Mailing Address 8 Kings Ransom Ln.  City Bedford  FEC ID number of contributing federal political committee.  Name of Employer  Not employed  Receipt For:  Primary General Other (specify)	State Zip Code NH 03110  C  Occupation Not employed  Aggregate Year-to-Date ▼  6000.00	Date of Receipt  12 07 2015  Transaction ID: SA17.4351  Amount of Each Receipt this Period  6000.00  Carey account contribution
SUBTOTAL of Receipts This Page (optional)		12500.00

TOTAL This Period (last page this line number only).....

S	CHEDULE A (FEC Form 3X)		Г	FOR LINE NUMBER: PAGE 7 OF 15		
ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)		
			for each category of the Detailed Summary Page	11a 11b 11c 12		
		Detailed Summary Page	13 14 15 16 X 17			
	ny information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)  Stark360					
//	Stark500					
Α.	Full Name (Last, First, Middle Initial) William Smith			Date of Receipt		
	Mailing Address PO Box 808			08 12 2015		
	City	State	Zip Code	Transaction ID : SA17.4357		
	New Castle	NH	03854	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		355.00		
	Name of Employer	Occupation	1	Carey account contribution		
	none	retired				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		355.00			
	Curior (opcomy) 🔻					
В.	Full Name (Last, First, Middle Initial)			Date of Receipt		
	Mailing Address			M = M / D = D / Y = Y = Y		
(	City State Zip Code		Zin Codo	_		
	City	State	Zip Code	Amount of Each Receipt this Period		
	FEC ID number of contributing			Timount of East Hoosipt time Foliage		
	federal political committee.	C				
	Name of Employer	Occupation	1			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General					
	Other (specify)					
<u> </u>	Full Name (Last, First, Middle Initial)			Date of Receipt		
٥.	Mailing Address			Mam / Dab / Yayayay		
	City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.  Name of Employer  Occupation		С				
		Occupation	1			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	55 5 4				
	Other (specify)					
Г						
5	SUBTOTAL of Receipts This Page (optional)			355.00		
-						

TOTAL This Period (last page this line number only).....

12855.00

SCHEDULE B (FEC Form 3X)	Llea congreta schodul-/-	FOR LINE NUMBER: PAGE 8 OF 15		
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	) (check only	/ one) │	
	Detailed Summary Page	27	28a 28b 28c X 29 30	
Any information copied from such Reports and State				
or for commercial purposes, other than using the na  NAME OF COMMITTEE (In Full)	ame and address of any polit	icai committee to	o solicit continuutions from such committee.	
Stark360				
/				
Full Name (Last, First, Middle Initial)  A. ARD Vonturos II			Date of Disbursement	
A. ARD Ventures II			M M / D D / Y Y Y Y	
Mailing Address 53 Riddle Dr			12 18 2015	
City	State Zip Code			
Bedford	NH 03110		Transaction ID : SB29.4339	
Purpose of Disbursement Carey account - mailing expenses		· · · ·	Amount of Each Disbursement this Period	
Candidate Name		Category/	9500.00	
Office Sought: House Disburs	ement For	Type	9300.00	
Office Sought: House Disburs Senate	ement For:    Primary   General			
President	Other (specify)			
State: District:	· .			
Full Name (Last, First, Middle Initial)				
B. DB Capitol Strategies			Date of Disbursement	
Mailing Address 203 S Union St Suite 300			12 07 2015	
City	State Zip Code		Transaction ID : SB29.4338	
Alexandria	VA 22314			
Purpose of Disbursement Carey account - legal and compliance services		001	Amount of Each Disbursement this Period	
Candidate Name		Category/		
		Type	2000.00	
	ement For:			
Senate President	Primary General Other (specify) ▼			
State: District:	_ Canon (opeony) ▼			
Full Name (Last, First, Middle Initial)				
C. Transaxt			Date of Disbursement	
Mailing Address 100 Manage Ave NIM			12 31 2015	
Mailing Address 190 Monroe Ave NW Suite 500			12 31 2015	
City	State Zip Code		Transaction ID : SB29.4343	
Grand Rapids	MI 49503			
Purpose of Disbursement Carey account - merchant processing fees			Amount of Each Disbursement this Period	
Candidate Name		Category/		
		Type	270.36	
	ement For:			
Senate President	Primary General Other (specify) ▼		ı	
State: District:	Outer (apouty) \			
SUBTOTAL of Disbursements This Page (optional)	)		11770.36	
		<u> </u>	44770.00	
TOTAL This Period (last page this line number on	ly)		11770.36	

**LOANS** 

Use separate schedule(s) for each category of the Detailed Summary Page

OF 15 PAGE 9 FOR LINE 13 OF FORM 3X

LOAN SOURCE Full Name Aaron Day	(Last, First, Mic	ddle Initial)		Election:  Primary  General
Mailing Address 53 Riddle Dr.				Other (specify)
City Bedford		State NH	ZIP Code <sub>03110</sub>	
Original Amount of Loan		Cumulative Payn	nent To Date	Balance Outstanding at Close of This Period
	5000.00	,	0.00	5000.00
TERMS  Date Incurred		Da	te Due Inte	rest Rate Secured:
M M / D D / Y	2014	M M / D D	on demand	0.00 % (apr) Yes X No
List All Endorsers or Guara		o Loan Source		
1. Full Name (Last, First, Mi	ddle Initial)		Name of Employ	er
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Mic	ldle Initial)		Name of Employ	er
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Mic	ldle Initial)		Name of Employ	er
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Mic	ldle Initial)		Name of Employ	er
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
IBTOTALS This Period This F	Page (optional)		<b>&gt;</b>	5000.00
TALO TITO DO TO 1 // Oct.	in this line only	./\	<b>&gt;</b>	

# SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 10 OF 15
FOR LINE 13 OF FORM 3X

	Detailed Summary Page
AME OF COMMITTEE (In Full) Stark360	Transaction ID : SC/10.4304
31a1K30U	
LOAN SOURCE Full Name (Last, First, Middle Ini	tial) Election:
Aaron Day	Primary  General
Mailing Address 53 Riddle Dr.	Other (specify)
City Bedford State	NH ZIP Code 03110
Original Amount of Loan Cumu	ulative Payment To Date Balance Outstanding at Close of This Period
5000.00	0.00 5000.00
TERMS	Date Due Interest Date
Date Incurred	Date Due Interest Rate Secured:
08 19 2014	on demand 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan	Source
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP	Code Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP	Code Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP	Code Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
<b>3</b>	
City State ZIP	Amount Code Guaranteed
5,	Outstanding:
•	
SUBTOTALS This Period This Page (optional)	5000.00
TOTALS This Period (last page in this line only)	<b>&gt;</b>
Carry outstanding balance only to LINE 3, Schedule	D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE	C	(FEC	Form	3X
LOANS				

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 11 OF 15 FOR LINE 13 OF FORM 3X

	Detailed Suffillary Page			
IAME OF COMMITTEE (In Full) Stark360	Transaction ID : SC/10.4305			
LOAN SOURCE Full Name (Last, First, Middle Initial)  Aaron Day	Election: Primary General			
Mailing Address 53 Riddle Dr.	Other (specify)			
City Bedford State NH ZIP Coo	de 03110			
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period			
5000.00	0.00 5000.00			
TERMS Date Incurred Date Due	Interest Rate Secured:			
M = M / D = D / Y = Y = Y = Y = M = M / D = D / Y =	demand 0.00 % (apr) Yes No			
List All Endorsers or Guarantors (if any) to Loan Source				
1. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)  Carry outstanding balance only to LINE 3, Schedule D, for this line. If I				
The state of the s				

**LOANS** 

Use separate schedule(s) for each category of the Detailed Summary Page

OF 15 PAGE 12 FOR LINE 13 OF FORM 3X

	Botanoa caninary rago			
IAME OF COMMITTEE (In Full) Stark360	Transaction ID : SC/10.4274			
LOAN SOURCE Full Name (Last, First, Middle Initial) Aaron Day	Election: Primary General			
Mailing Address 53 Riddle Dr.	Other (specify) ▼			
	Code 03110			
Original Amount of Loan Cumulative Paymen	t To Date Balance Outstanding at Close of This Period			
10000.00	0.00 10000.00			
TERMS  Date Incurred  Date I	Due Interest Rate Secured:			
10 20 2014 M M M / D D /	on demand 0.00 % (apr) Yes No			
List All Endorsers or Guarantors (if any) to Loan Source				
1. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)	10000.00			
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

**LOANS** 

Use separate schedule(s) for each category of the Detailed Summary Page

OF 15 PAGE 13 FOR LINE 13 OF FORM 3X

	Botanoa Garinnary i ago		
IAME OF COMMITTEE (In Full) Stark360	Transaction ID : SC/10.4309		
OlarNoo			
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:		
Matthew Phillips	Primary		
	General		
Mailing Address 8 Kings Ransom Ln.	Other (specify)		
City Bedford State NH ZIP Cod	de 03110		
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period		
5000.00	0.00 5000.00		
TERMS			
Date Incurred Date Due	Interest Rate Secured:		
07 30 2014 on	demand 0.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed		
	Outstanding:		
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed		
	Outstanding:		
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City Chata ZID Coda	Amount		
City State ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.		

# SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 14 OF 15

		Detailed S	Summary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		•	Transact	ion ID : SC/10.4310
Stark360				
LOAN SOURCE Full Name (Last, First, M Matthew Phillips	liddle Initial)		Ele	ection: Primary General
Mailing Address 8 Kings Ransom Ln.				Other (specify) ▼
City Bedford	State NH ZIP Cod	de 03110		
Original Amount of Loan	Cumulative Payment To	Date	Balance	Outstanding at Close of This Period
10000.00	, , ,	0.0	00	10000.00
TERMS  Date Incurred	Date Due		Interest Rate	Secured:
08 / 19 / 2014	M = M / D = D / Y =	demand	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Em	nployer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Em	nployer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Em	nployer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Em	nployer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional			· []	10000.00
OTALS This Period (last page in this line or	ıly)			7 1 7 1 7 1
arry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary				

**LOANS** 

Use separate schedule(s) for each category of the Detailed Summary Page

OF 15 PAGE 15 FOR LINE 13 OF FORM 3X

	Bottanou Guillinary i ago	
IAME OF COMMITTEE (In Full) Stark360	Transaction ID : SC/10.4275	
ota mood		
LOAN SOURCE Full Name (Last, First, Middle Initial)  Matthew Phillips	Election: Primary General	
Mailing Address 8 Kings Ransom Ln.	Other (specify)	
City Bedford State NH ZIP Cod	de 03110	
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period	
10000.00	0.00 10000.00	
TERMS  Date Incurred  Date Due	Interest Rate Secured:	
M = M / D = D / Y = Y = Y = Y = M = M / D = D / Y =	demand 0.00 % (apr) Yes No	
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)	50000.00	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If I	no Schedule D, carry forward to appropriate line of Summary.	